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Beyond the Blues

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Some 18 million
Americans deal with
a depressive illness
in any given year.
How do Iowa State
students suffering
from depression cope?

by Emily Chambers
and Anne Rosso

photos by Sara Troy

Beyond the Blues

Maria Liberman*, a senior in education at Iowa State University, is in a session with her psychologist. It is a session to help her understand her depression and its relation to her path of life.

Her doctor says, "Everybody drives a bus. You have your bus. And, while you were driving, you crashed. And now you are slowly learning how to drive again. You are weaving off the road, though, and it will take a long time before you can drive straight ahead again."

In any given year, some 18 million Americans experience depression. The peak occurrence is between 25 and 44 years of age. Depression is an illness that can affect all races, every economic group and both genders. However, twice as many women suffer from depression than do men. Liberman has been dealing with depression since July of 1996.

According to Gene Deisinger, Ph.D., assistant director for clinical services at Iowa State's Student Counseling Service [SCS], roughly 2,000 students attending Iowa State suffer from mild to moderate depression each year. Of those, 12 to 15 percent have significant symptoms that need to be treated by medication or counseling.

Depression is considered a disturbance in mood characterized by sadness, disappointment, loneliness, hopelessness, self-doubt and/or guilt. It can last for months or years, depending on the severity and cause of the depression.

However, there is hope for those suffering from depression. If symptoms become intense, there are several ways to cope.

"The prognosis is excellent for the treatment of depression," Deisinger said. "Usually 80 to 90 percent of depression cases are treatable."

There are two major ways depression is dealt with on a professional level—either through counseling or through prescribed medication.

* This is a pseudonym

Liberman's depression stemmed from several problems in her life. A mixture of school decisions, moving back into her sorority, working a lot, relationship problems and dealing with homesickness contributed to her depression.

"I felt like I was trapped in a bubble," Liberman said. "I could see everything going on around, but I couldn't break out. I felt like a failure. I felt trapped, like my life was going absolutely nowhere."

While Liberman has been dealing with depression, there were two times when she was really at her low. At these times, she would go home to be with her family.

"I felt safe when I was at home. Home was an escape for me," she said.

Her parents would try to make her feel better by giving her gifts. She even went on vacation for two weeks during a school break, but Liberman said though she appreciated what her parents were doing, it didn't work. She said dealing with her depression has just taken time.

One of the symptoms Liberman has dealt with is excessive crying. She said even now, a year later, she still gets overwhelming urges to cry.

"When you start crying, you don't want to hear, 'It's OK. Cheer up.' You just want someone to be there for you," she said.

Although Liberman thought at one time medication might help her cope, she decided she could make it without that alternative. Instead, she used the SCS to help with her battle against depression.

Good Things to Say to Someone Who is Depressed

1. "I love you."
2. "You're not alone in this."
3. "I can't really fully understand what you are feeling, but I can offer my compassion."
4. "You are important to me."
5. "I care about you."

Bad Things to Say to Someone Who is Depressed

1. "It's all in your mind."
2. "Stop feeling sorry for yourself."
3. "You think you've got problems..."
4. "You have so many things to be thankful for. Why are you depressed?"
5. "No one ever said life was fair."

—Bill Wilhelmi, bw@cv.hp.com

Along with seeing a psychologist in her hometown, Liberman participated in group therapy sessions offered at the SCS for students suffering depression.

"[The group sessions] helped me a lot because I was with people going through the same problem. It made me feel comfortable. It made me realize maybe my life isn't as bad as the next person," said Liberman.

While she feels better now, she said there are times when she just needs to get away and be alone.

"When I feel I'm in a stressful situation," Liberman said, "I try to remove myself from the situation if I can and just relax by myself."

The major thing that really helped her deal with her depression was keeping a journal and thought record. She said when she looks through it, it shows how far she has come from her lowest times in the past year.

"You don't think you are going to get through it—but you do get through it," she said.

In some cases, counseling alone is not enough. Anti-depressants have been an alternative treatment widely recognized in the media lately.

Drugs used to treat depression include Prozac (flouxetine), Paxil (paroxetine), Zoloft (sertraline) and Xanax (alprazolam). Most anti-depressants prescribed by doctors are Selective Serotonin Reuptake Inhibitors (SSRIs). SSRIs, such as Prozac, relieve the symptoms of depression by regulating the flow

of serotonin, a naturally occurring chemical in the brain associated with feeling happy.

Generally used for treating mild to moderate depression, these drugs can produce side effects such as headaches, nervousness, insomnia and agitation. However, appropriate drug therapy can be an effective treatment for up to 90 percent of patients with significant depression. In fact, Prozac has been used by an estimated 20 million people since it was approved by the Food and Drug Administration in 1987.

For some, medication is the proverbial light at the end of the tunnel.

"You don't just 'get over' depression," said Jessica Coates*, a senior in fine arts at Iowa State University. "It's not a phase. It's not like rolling your jeans or feathering your hair. It's not like that. You get over bad moods. You get over heartache or a bad grade. But when you have this sunken, low feeling for no reason, you don't get over it because you don't know what you have to get over."

Coates has been dealing with depression for four years, since she was a junior in high school.

"I remember the summer after my junior year, I cried all the time," she said. "I'd sit there with some of my friends, and I'd just be so upset. They'd ask what was wrong, and I honestly had no idea."

That summer was the first time Coates contemplated suicide.

"Some of my friends had just dropped me off at home. They gave up trying to figure out what was wrong. I locked myself in my room

"I felt like I was trapped in a bubble. I could see everything going on around me, but I couldn't break out."



because otherwise I was going to go downstairs and swallow every pill in my parents' bathroom. I needed to talk to someone, but no one was around. So I just cried myself to sleep. That was the beginning of it."

The symptoms of Coates' depression are common; fatigue, low self-esteem, no ambition and suicidal thoughts characterized four years of her life.

"Since it began, there was always a feeling of inadequacy and low self-esteem," she said. "I could get through a couple weeks without being depressed. I would function like a normal person, and no one would think anything was wrong. Usually, that was because for a very long time I didn't want anyone to know how I was feeling. I thought people would think it was a cry for attention."

"For a while, I didn't do anything about [the depression]," Coates said. "I thought about it time and time again, though. I remember walking to Student Health thinking, 'Go in, go in.' But it was too scary."

Finally, in the fall of 1996, Coates took the first step and sought counseling.

"[The psychiatrist] really didn't help," Coates said. "She made me think I was really fucked up. She tried to blame it on 'my counterculture' or 'my rebellious nature.'"

"Some people think you can't just have depression. It has to stem from some repressed memory in your childhood, you know? Or it has to do with your mother's girlfriend's sister twice-removed who fucked a

dog, and somehow that's screwing with your mind. It can't just be, 'Man, I'm just upset all the time.' That's what it was in my case. I think that's valid."

Coates saw a psychiatrist for three months. After several sessions, she was given a prescription for Prozac.

"I started taking Prozac, and a month later I started to feel a lot better," she said. "I decided that my psychiatrist was too weird, and I would just try to deal with the medication."

Though Prozac has worked for her thus far, Coates said she still has some concerns.

"[Prozac] is not a wonder drug by any means," she said. "There are definitely disadvantages. You get incredible dizziness. I blacked out a lot. And there's the question: Is it a placebo? Is it actually working? I don't know. All I know is that for four years of my life I was hysterically out of it. Towards the very end, I couldn't really function normally anymore. Once I start taking Prozac, I could. I could get up in the morning and be optimistic, and I could think my life is OK, and I didn't have to rock myself to sleep at night crying. I didn't have to live in fear anymore. There's still a bit of fear but not nearly as much. Sometimes I'm afraid the Prozac will wear off or something, but even then I think I've learned how to cope. It's shown me that I can get out of the rut."

Coates said when she was prescribed medication for her depression, she was hesitant about telling her parents.

"I didn't tell my parents [about my depression] until I needed their

insurance to pay for Prozac," she said. "It's expensive. It's \$65 a month, which breaks down to three bucks a pill."

"God, [telling my parents about my depression] was so hard. I called my mom. She said, 'Why don't you just get over it? You're just upset that school's not going well.' I said, 'You don't understand, I've been feeling like this for three years. I've been hiding it.' My parents didn't understand at all. They thought it was just a mood, like I was just sad. For a long time when I went home, my mom would say very sarcastically, 'So, how is the depression?' I mean, how are you supposed to answer that? 'Well, I'm taking it one day at a time.' They just did not know how to deal with at all. I think that they've noticed an improvement, though. Our relationship is a lot better because I'm happier."

For Coates, medication is hopefully not a permanent fixture in her life.

"I hope I don't take [Prozac] for the rest of my life," she said. "My doctor at home told me that depression is really common among college age girls, especially with my background; Irish descent with a strict Catholic upbringing. She said that a lot of times people will take it for a year or two and then be fine. I hope that's how it is for me."

Not all depression medications require a prescription, however. Recently, a 20/20 segment spotlighted nature's remedy for mild depression, Saint-John's-wort (*Hypericum perforatum*).

Saint-John's-wort is thought to

Depression Statistics

- During any 6 month period, 9 million American adults suffer from a depressive illness
- One-third of all depressions are severe enough to require medical treatment
- 65 to 70 percent of people suffering from depression do not seek help
- Suicide is the third leading cause of death (behind accidents and homicide) for teenagers and young adults

regulate the brain's level of serotonin, much like Prozac.

Dr. Timothy Johnson, ABC news medical editor, said the herb is a bright yellow flower that grows in the wild and is harvested and dried. The flower is processed into a powder and then made into liquid or capsule form.

"In Germany, Saint-John's-wort is now the leading anti-depressant, outselling Prozac 20 to 1. And it is on the rise in other European countries, too," Johnson said.

Why hasn't the United States caught onto Saint-John's-wort? Lynn Payer notes in *Medicine and Culture* that cultural values strongly influence medical treatments. Payer suggests that American culture ignores the natural healing powers of the body and natural substances.

According to the book *Hypericum and Depression* by Dr. Harold Bloomfield, Dr. Mikael Norfors and Peter McWilliams, patients who take Saint-John's-wort have experienced reduced depression, greater self-esteem and restoration of normal sleeping habits.

Paul Alden*, a sophomore in English, heard about Saint-John's-wort through his girlfriend.

"I did some research on it, and it looked like it would do some good," Alden said. "And I'm certainly into natural, healing stuff."

Although he doesn't consider himself "depressed," Alden said he was interested in "something that would help whatever was going on in my head."

Alden bought a bottle of Saint-John's-wort at Target and has been

"Some people think you can't just have depression. It has to stem from some repressed memory in your childhood. Or it has to do with your mother's girlfriend's sister twice-removed who fucked a dog, and somehow that's screwing with your mind. It can't just be, 'Man, I'm just upset all the time.'"

taking it for approximately three weeks.

"From what I've read, it takes about four to six weeks before it will have an affect on you," Alden said.

Though he is not taking Saint-John's-wort under the guidance of a medical professional, Alden said he is not very worried.

"I was a biochemistry major, so I know a bit about what's going on with brain chemistry," he said. "I'm not insane for trying this."

Saint-John's-wort is not used or prescribed by doctors at the Student Health Center or McFarland Clinic. Nurses and personnel only said there are side effects that doctors are concerned about. Experts caution against using Saint-John's-wort in combination with prescription anti-depressants.

Saint-John's-wort is an over-the-counter drug and can be purchased in Ames at several stores, such as Target, Hy-Vee and Wheatsfield Grocery.

Regardless of how it is professionally treated, depression is not to be taken lightly. It is an illness, not just a "bad mood." Deisinger recommended four steps to help friends suffering from depression and such behavior:

- Remind them of your friendship; show that you are concerned.
- Describe what you are concerned about as a friend. Be specific and direct.
- Describe how it effects you, as a friend.
- Generate paths to solutions. ■